

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

BREATH ALCOHOL PROGRAM

INTOX EC/IR II MAINTENANCE REPORT

RECEIVED

By Carol Day at 12:30 pm. Dec 10, 2014 F #3

Garalete blief annual at the bire of the weather market market make						
Complete this report at the time of the regular monthly preventive maintenance the control of the regular monthly preventive maintenance the regular monthly						
into service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.						
INTOX EC/IR II SN	NAME OF AGENCY		DATE OF INSPECTION			
12676	FLORISSANT POLI	CE	12/05/2014			
LOCATION OF INSTRUMENT (STREET AND CITY)	<u> </u>		TIME OF INSPECTION			
1700 US HWY 67 FLORISSANT			08:11 CST			
CHECKLIST: Place a mark in the box	by each item if for	und to be satisfact	ory or is operation	ng within		
established limits. (Write in obse	ved values where de	etermined). Unmark	ed items must be	corrected		
before using instrument.				,,,,,,		
X DIAGNOSTIC RECORD						
X BLANK CHECK		X CO2 CHECK				
X FC 1 TEMP		X FLOW CHECK				
X SRC TEMP		X FCB CHECK				
X DET TEMP	•	X CRC COMP CHEC				
X BT TEMP X CRC CAL CHECK						
X STD 2 TEMP		X PRINT TEST				
Х ЕТН СНЕСК						
BREATH ANALYZER ACCURACY STANDA	RDS				• • • • • • • • • • • • • • • • • • • •	
SIMULATOR SOLUTION X COMPRESSE			ETHANOL-GAS MIXTURE			
اشا ا	METERS	LOT# AG329701	EXP.	DATE 10/24/2	015	
SIMULATOR TEMP (34°C ±0.2°C)	SIMUL	ATOR S/N	SIMULATOR EXP	DATE		
X CALIBRATION CHECK - (ONLY ONE	STANDARD IS TO J	BE USED PER MAINT	ENANCE REPORT)			
tions of				& of the stand	ard value	
Run three tests using a standard solution. All three tests must be within $\pm 5\%$ of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being						
used. (PRINTOUT ATTACHED)						
X 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE						
0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE						
0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE						
10.548 DIMPIND MOST KEED BETTEEN 0.0500 IND 0.0120 INCOCCIA						
TEST 1 0 0.100 g/210L TEST 2 0.100 g/210L		g/210L	TEST 3 15 0.100 g/210L			
INDICATE THE NUMBER OF BREATH T	ESTS IN THE FOLL	WING RANGES SINC	E THE LAST MAIN	TENANCE REPORT	:	
				-		
REFUSALS 3 004 2	.0509 0	.1014 2	.1519 4	OVER .19	1	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTE	RATION OR MODIFICATION	N THAT WAS NADE TO RE	STORE THE INSTRUMENT	TO OPERATE		
SATISFACTORILY AND WITHIN ESTABLISHED LI	MITS (USE OTHER SIDE	1F NECESSARY).				
INSPECTING OFFICER						
SIGNATURE ISOLO (3) Cle	L 438	PRINT FULL NAME BUSBY, PHILIP				
TYPE II PERMIT NUMBER JEXPIRA	TION DATE	TELEPHONE NUMBER				
	6/2015	(314)831-7000)			
DEBUTY CONTROL DEBOTH NO MILE.						
RETURN COMPLETED REPORT TO THE:						
Breath Alcohol Program, Missouri Department of Health and Senior Services,						

Southeast District Office, 2875 James Blvd, Poplar Bluff, MO 63901



Airgas USA LLC (LAB) 3500 Bernard Street St. Louis, Mo. 63103 Ph: (314) 533-3100 Fax: (314) 533-7328

Certificate of Analysis

Customer Name Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146 Test Date: 29-Oct-2013

Lot # AG329701

Exp. Date 24-Oct-2015 Cyl. Type 108 Component Ethanol <u>Certified Concentration</u> 0.100 ± 2% BrAC (272 ppm)

Nitrogen

Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

Serial No.	Concentration	Serial No.	Concentration
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010595	208.9 ppm
EB0010561	103.7 ppm	EB0010562	104.9 ppm
EB0010681	52,22 ppm	EB0010579	52.94 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control Date: 2013,10.29 17:16:38-05:00 Reason: Dry gas standard certification of analysis Location: Afrgas USA LLC (Lab)

Analyst:

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

PHILIP G BUSBY

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER, INTOX EC/IR II

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections

577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 11/26/2013

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Acting director

OIRECTOR OF DEPARTMENT OF HEALTH AND SERVICES

MD 580-0771 (6-10)

LAB-1 (R6-10)



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired at the Missouri

Operator BUSBY, PHILIP Permit No 230259

Date Issued 11/26/2013 Date Expires 11/26/2015